Introduced by Senator Aanestad Ashburn

February 14, 2007

An act to amend Section 1250 of the Health and Safety Code, relating to health facilities. An act to amend Sections 1797.8, 1797.62, 1797.80, 1797.82, 1797.170, 1797.171, 1797.172, 1798.200, 1798.201, 1798.202, and 1799.112 of, and to add Section 1798.203 to, the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

SB 254, as amended, Aanestad Ashburn. Health facilities: Emergency medical services: licensure.

Under existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for emergency medical technicians-paramedic (EMT-P). Under existing law, these standards and regulations would be applicable to local governments, agencies, and other organizations that provide this training.

The act also provides for the certification of emergency medical technicians through the issuance of certificates, including EMT-I and EMT-II certificates, by local entities, known as local EMS agencies, which are designated by counties. Existing law also permits public safety agencies, for public safety personnel, and the State Board of Fire Services, for fire safety personnel, to issue EMT-I certificates. Existing law provides that the medical director of a local EMS agency or the Emergency Medical Services Authority may deny, suspend, or revoke

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certificates issued under these provisions, or may place a certificate holder on probation, upon finding the occurrence of any of specified events.

This bill would revise and recast these provisions to, among other things, require, on and after January 1,2009, the authority to be the agency responsible for the statewide licensure and licensure renewal of EMT-Is and EMT-Ils. It would also require, on and after January 1,2009, all applicants for EMT-I and EMT-II licensure to have a state and federal criminal history background check.

This bill would require the authority to develop and implement an alcohol and drug diversion program for EMT-I, EMT-II, and EMT-P license holders.

The act requires all EMT-P employers to report in writing to the local EMS agency medical director and the authority whenever specified disciplinary actions are taken.

This bill would also require EMT-I and EMT-II employers to also make these reports. By increasing the duties of local officials, this bill would impose a state¬mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Existing law provides for the licensure and regulation of health facilities.

This bill would make a technical, nonsubstantive change to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no-yes. State-mandated local program: no-yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1797.8 of the Health and Safety Code is
- 2 amended to read:
- 3 1797.8. (a) For purposes of this section, the following
- 4 definitions apply:
- 5 (1) "EMT-I" means any person who has training and a valid
- 6 certificate license as prescribed by Section 1797.80.

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(2) "EMT-certifying licensing authority" means the medical director of the local emergency medical services agency Emergency Medical Services Authority or "authority," as defined in Section 1797.54.

- (b) Any county may, at the discretion of the county or regional medical director of emergency medical services, develop a program to certify an EMT-I to administer naloxone hydrochloride by means other than intravenous injection.
- (c) Any county that chooses to implement a program to certify an EMT-I to administer naloxone hydrochloride, as specified in subdivision (b), shall approve and administer a training and testing program leading to certification consistent with guidelines established by the state Emergency Medical Services Authority.
- (d) On or before July 1, 2003, the state Emergency Medical Services Authority shall develop guidelines relating to the county certification programs authorized pursuant to subdivision (b).
- (e) An EMT-I may be authorized by the EMT certifying authority entity certifying the EMT pursuant to subdivision (b) to administer naloxone hydrochloride by means other than intravenous injection only if the EMT-I has completed training and passed an examination administered or approved by the EMT certifying authority in the area.
- (f) This section shall be operative only until the operative date of regulations that revise the regulations set forth in Chapter 3 (commencing with Section 100101) of Division 9 of Title 22 of the California Code of Regulations and that authorize an EMT-I to receive EMT-II training in administering naloxone hydrochloride without having to complete the entire EMT-II certification course.
- SEC. 2. Section 1797.62 of the Health and Safety Code is amended to read:
- 1797.62. "Certificate" or "license" means a specific document issued to an individual denoting competence in the named area of prehospital service.
- SEC. 3. Section 1797.80 of the Health and Safety Code is amended to read:
- 1797.80. "Emergency Medical Technician-I" or "EMT-I" or "EMT-Basic" means an individual trained in all facets of basic life support according to standards prescribed by this part and who has a valid-certificate license issued pursuant to this part. This

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1 definition shall include, but not be limited to, EMT-I (FS) and 2 EMT-I-A.

- 3 SEC. 4. Section 1797.82 of the Health and Safety Code is 4 amended to read:
 - 1797.82. "Emergency Medical Technician-II" or "EMT-II" or "Advanced EMT" means an EMT-I with additional training in limited advanced life support according to standards prescribed by this part and who has a valid-certificate license issued pursuant to this part.
 - SEC. 5. Section 1797.170 of the Health and Safety Code is amended to read:
 - 1797.170. (a) The authority shall establish minimum standards and promulgate regulations—for to include, but not be limited to, the training—and, scope of practice, testing, licensure, relicensure, and licensure disciplinary action for—EMT-I EMT-Is.
 - (b) Any individual-certified licensed as an EMT-I pursuant to this act shall be recognized as an EMT-I on a statewide basis, and recertification shall—be based on statewide standards. Effective July 1, 1990, any individual certified as an EMT-I pursuant to this act shall complete a course of training on the nature of sudden infant death syndrome which is developed by the California SIDS program in the State Department of Health Services Public Health in consultation with experts in the field of sudden infant death syndrome.
 - (c) Notwithstanding any other provision of law, commencing January 1, 2009, the authority shall be the agency responsible for the statewide licensure and licensure renewal of EMT-Is who meet the standards and are not precluded from licensure for any of the reasons listed in subdivision (c) of Section 1798.200.
 - (d) The authority shall be responsible for all of the following:
 - (1) Commencing January 1, 2009, all applicants for EMT-I licensure shall have a state and federal criminal background check completed through the Department of Justice and the Federal Bureau of Investigation, including subsequent arrest information. Each application for licensure or licensure renewal shall include a space the applicant's social security number in order to establish the identity of the applicant. Each applicant shall submit his or her fingerprint image via live scan or other Department of Justice approved means for criminal background checks to the Department of Justice and for forwarding to the Federal Bureau of

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Investigation in order to determine whether the applicant has any 2 criminal convictions in this state or any other jurisdiction, 3 including foreign countries. When the authority or a licensing 4 agent of the state authorized by the authority pursuant to 5 subdivision (g), has been presented with credible evidence that a 6 licensed EMT-I has a criminal history outside of this state 7 subsequent to the EMT-I's initial background check, the authority, 8 or the authority authorized licensing agent of the state, may require the EMT-I to submit his or her fingerprint image via live scan or 10 other Department of Justice approved means for forwarding to 11 the Federal Bureau of Investigation in order to determine whether the applicant has any criminal convictions in this state or any 12 13 other jurisdiction, including foreign countries. The information 14 obtained as a result of obtaining the applicant's social security 15 number and the applicant's submission of his or her fingerprint 16 image to the Department of Justice and for forwarding to the 17 Federal Bureau of Investigation shall be used in accordance with 18 Section 11105 of the Penal Code, and to determine whether the 19 applicant is subject to denial of licensure or licensure renewal 20 pursuant to this division. 21

- (2) The establishment and maintenance of a state registry of all EMT-Is licensed in this state.
- (3) Licensure disciplinary actions taken by the authority against an EMT-I license or licenseholder pursuant to Section 1798.200 shall be in accordance with the Administrative Procedures Act (Chapter 3.5 (commencing with Section 11340) of Part I of Division 3 of Title 2 of the Government Code), to ensure the due process rights for all EMT-Is.
- (e) The authority shall charge fees for the licensure and licensure renewal of EMT-Is in an amount sufficient to support the authority's licensure program at a level that ensures the qualification of the individual licensee holder to provide quality care. Separate additional fees may be charged, at the option of the authority, for services that are not shared by all applicants for licensure and licensure renewal, including, but not limited to, any of the following services:
- (1) Out-of-state training equivalency determination.
- (2) Verification of continuing education for a lapse in licensure.
- (3) Replacement of a lost licensure card.

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(f) All fees shall be established in regulations, and fees charged for individual services shall be set so that the total fees charged to EMT-Is do not exceed the authority's actual total cost for the EMT-I licensure program.

- (g) At the option of the authority, fees may be collected for the authority by an entity that contracts with the authority to provide any of the services associated with the EMT-I program. All fees collected for the authority in a calendar month by any entity designated by the authority pursuant to this section to collect fees for the authority shall be transmitted to the authority for deposit into the Emergency Medical Services Personnel Fund within 30 calendar days following the last day of the calendar month in which the fees were received by the designated entity, unless the contract between the entity and the authority specifies a different timeframe.
- SEC. 6. Section 1797.171 of the Health and Safety Code is amended to read:
- 1797.171. (a) The authority shall develop, and after approval of the commission pursuant to Section 1799.50, shall adopt, minimum standards for the training-and, scope of practice, *testing*, *licensure*, *relicensure*, and *licensure* disciplinary action for EMT-II.
- (b) An EMT-II shall complete a course of training on the nature of sudden infant death syndrome in accordance with subdivision (b) of Section 1797.170.
- (c) In rural or remote areas of the state where patient transport times are particularly long and where local resources are inadequate to support an EMT-P program for EMS responses, the director may approve additions to the scope of practice of EMT-IIs serving the local system, if requested by the medical director of the local EMS agency, and if the EMT-II has received training equivalent to that of an EMT-P. The approval of the director, in consultation with a committee of local EMS medical directors named by the Emergency Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-IIs proposed by the medical director of a local EMS agency. No drug or procedure that is not part of the basic EMT-P scope of practice, including, but not limited to, any approved local options, shall be added to any EMT-II scope of practice pursuant to this subdivision.

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Approval of additions to the scope of practices pursuant to this subdivision may be given only for EMT-II programs in effect on January 1, 1994.

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- (c) The approval of the director, in consultation with a committee of local EMS medical directors named by the EMS Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-IIs proposed by the medial director of local EMS agency. No drug or procedure that is not apart of the basic EMT-P scope of practice, including, by not limited to, any approved local options, shall be added to and EMT-II scope of practice pursuant to this subdivision.
- (d) Notwithstanding any other provision of law, commencing January 1, 2009, the authority shall be the agency responsible for the licensure and licensure renewal of EMT-IIs who meet the standards and are not precluded from licensure because of any of the reasons listed in subdivision (c) of Section 1798.200.
 - (e) The authority shall be responsible for all of the following:
- (1) Commencing January 1, 2009, all applicants for EMT-II licensure or licensure renewal shall have a state and federal criminal history background check completed through the Department of Justice and the Federal Bureau of Investigation, including subsequent arrest information. Each application for licensure or licensure renewal shall include a space for the applicant's social security number in order to establish the identity of the applicant. Each applicant shall submit his or her fingerprint image via live scan or other Department of Justice approved means for criminal background checks to the Department of Justice and for forwarding to the Federal Bureau of Investigation in order to determine whether the applicant has any criminal convictions in this state or any other jurisdiction, including foreign countries. When the authority, or a licensing agent of the state as authorized by the authority pursuant to subdivision (i), has been presented with credible evidence that a licensed EMT-II has a criminal history outside of this state subsequent to the EMT-IIs initial federal background check, the authority or the authority authorized licensing agent of the state may require the EMT-II to submit his or her fingerprint image via live scan or other Department of Justice approved means for forwarding to the Federal Bureau of *Investigation in order to determine whether the applicant has any*

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1 criminal convictions in this state or any other jurisdiction, 2 including foreign countries. The information obtained as a result 3 of obtaining the applicant's social security number and the 4 applicant's submission of his or her fingerprint image to the 5 Department of Justice and for forwarding to the Federal Bureau of Investigation shall be used in accordance with Section 11105 6 7 of the Penal Code in order to determine whether the EMT-II or 8 EMT-II applicant is subject to denial of licensure or licensure renewal pursuant to this division.

- (2) The establishment and maintenance of a state registry of all EMT-IIs licensed in California.
- (3) Licensure disciplinary actions taken by the authority against an EMT-II license or licenseholder pursuant to Section 1798.200 shall be in accordance with the Administrative Procedures Act (Chapter 3.5 (commencing with Section 11340) of Part I of Division 3 of Title 2 of the Government Code), to ensure the due process rights for all EMT-IIs.
- (f) The authority shall charge fees for the licensure and licensure renewal of EMT-IIs in an amount sufficient to support the authority's licensure program at a level that ensures the qualification of the individual licenseholder to provide quality care. Separate additional fees may be charged, at the option of the authority, for services that are not shared by all applicants for licensure and licensure renewal, including, but not limited to, any of the following services:
 - (1) Out-of-state training equivalency determination.
 - (2) *Verification of continuing education for a lapse in licensure.*
 - (3) Replacement of a lost licensure card.
- (g) All fees shall be established in regulations, and fees charged 30 for individual services shall be set so that the total fees charged to EMT-IIs shall do exceed the authority's actual total cost for the 32 EMT-II licensure program.
 - (h) At the option of the authority, fees may be collected for the authority by an entity that contracts with the authority to provide any of the services associated with the EMT-II program. All fees collected for the authority in a calendar month by any entity designated by the authority pursuant to this section to collect fees for the authority shall be transmitted to the authority for deposit into the Emergency Medical Services Personnel Fund within 30 calendar days following the last day of the calendar month in

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which the fees were received by the designated entity, unless the contract between the entity and the authority specifies a different timeframe.

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- SEC. 7. Section 1797.172 of the Health and Safety Code is amended to read:
- 1797.172. (a) The authority shall develop, and after the approval of the commission pursuant to Section 1799.50, shall adopt, minimum standards for the training and scope of practice for EMT-P.
- (b) The approval of the director, in consultation with a committee of local EMS medical directors named by the EMS Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-Ps proposed by the medical director of a local EMS agency.
- (c) Notwithstanding any other provision of law, the authority shall be the agency solely responsible for licensure and licensure renewal of EMT-Ps who meet the standards and are not precluded from licensure because of any of the reasons listed in subdivision (d) of Section 1798.200. Each application for licensure or licensure renewal shall require the applicant's social security number in order to establish the identity of the applicant and a fingerprint card. Each applicant shall submit his or her fingerprint image via live scan or other Department of Justice approved means for obtaining criminal record checks to the Department of Justice and for forwarding to the Federal Bureau of Investigation in order to determine whether the applicant has any criminal convictions in this state or any other jurisdiction, including foreign countries. The authority shall obtain a second fingerprint card for submission to the Department of Justice to be forwarded to the Federal Bureau of Investigation for processing from those applicants for licensure or licensure renewal who have not continuously resided in the state for the previous seven years, or when When the authority has been presented with credible evidence that the applicant a licensed paramedic has a criminal history outside of California this state subsequent to the paramedic's initial federal background check, the authority may require the paramedic to submit his or her fingerprint image via live scan or other Department of Justice approved means for forwarding to the Federal Bureau of *Investigation in order to determine whether the applicant has any*

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1 criminal convictions in this state or any other jurisdiction, 2 including foreign countries. The information obtained as a result 3 of obtaining the applicant's social security number and fingerprint 4 card or cards shall be used in accordance with Section 11105 of 5 the Penal Code, and to determine whether the applicant is subject to denial of licensure or licensure renewal pursuant to this division. 6 7 A fingerprint card may not be required for licensure renewal upon 8 determination by the authority that a fingerprint card was already 9 obtained during initial licensure, or a previous licensure renewal, provided that the license has not lapsed and the applicant has 10 resided continuously in the state since the initial licensure. 11

- (d) The authority shall charge fees for the licensure and licensure renewal of EMT-Ps in an amount sufficient to support the authority's licensure program at a level that ensures the qualifications of the individuals licensed to provide quality care. The basic fee for licensure or licensure renewal of an EMT-P shall not exceed one hundred twenty-five dollars (\$125). Separate additional fees may be charged, at the option of the authority, for services that are not shared by all applicants for licensure and licensure renewal, including, but not limited to, any of the following services:
 - (1) Initial application for licensure as an EMT-P.

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(1) Competency testing, the fee for which shall not exceed thirty dollars (\$30), except that an additional fee may be charged for the cost of any services that provide enhanced availability of the exam for the convenience of the EMT-P, such as on-demand electronic testing.

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(2) Fingerprint and criminal record check. The applicant shall, if applicable according to subdivision (e), submit two fingerprint cards for criminal record checks with the Department of Justice and the Federal Bureau of Investigation.

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35 (3) Out-of-state training equivalency determination.

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37 (4) Verification of continuing education for a lapse in licensure.

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(5) Replacement of a lost licensure card. The

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(e) The fees charged for individual services shall be set so that the total fees charged to EMT-Ps shall not exceed the authority's actual total cost for the EMT-P licensure program.

(e)

(f) The authority may provide nonconfidential, nonpersonal information relating to EMS programs to interested persons upon request, and may establish and assess fees for the provision of this information. These fees shall not exceed the costs of providing the information.

(f)

- (g) At the option of the authority, fees may be collected for the authority by an entity that contracts with the authority to provide any of the services associated with the EMT-P program. All fees collected for the authority in a calendar month by any entity designated by the authority pursuant to this section to collect fees for the authority shall be transmitted to the authority for deposit into the Emergency Medical Services Personnel Fund within 30 calendar days following the last day of the calendar month in which the fees were received by the designated entity, unless the contract between the entity and the authority specifies a different timeframe.
- SEC. 8 Section 1798.200 of the Health and Safety Code is amended to read:
- 1798.200. (a) The medical director of the local EMS agency may, in accordance with Chapter 6 (commencing with Section 100206) of Division 9 of Title 22 of the California Code of Regulations, authority may deny, suspend, or revoke any EMT-I or, EMT-II-certificate, or EMT-P license issued under this division, or may place any EMT-I-or, EMT-II-certificate holder, or EMT-P licenseholder on probation, upon the finding by—that medical director the authority of the occurrence of any of the actions listed in subdivision (c). The authority shall ensure that the local EMS agency's disciplinary policies and procedures are, at a minimum, as effective in protecting the due process rights of any EMT-I or EMT-II certificate holder as those in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.
- (b) The authority may deny, suspend, or revoke any EMT-P license issued under this division, or may place any EMT-P license issued under this division, or may place any EMT-P licenseholder on probation upon the finding by the director of the occurrence of

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any of the actions listed in subdivision (c). Proceedings against
any the EMT-I, EMT-II, or EMT-P license or licenseholder shall
be held in accordance with Chapter 5 (commencing with Section
11500) of Part 1 of Division 3 of Title 2 of the Government Code.

- (c) Any of the following actions shall be considered evidence of a threat to the public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or licenseholder under this division:
- (1) Fraud in the procurement of any certificate or license under this division.
 - (2) Gross negligence.
 - (3) Repeated negligent acts.
 - (4) Incompetence.

- (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
 - (12) Unprofessional conduct exhibited by any of the following:
- (A) The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person

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trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.

- (B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code.
- (C) The commission of any sexually related offense specified under Section 290 of the Penal Code.
- SEC. 9. Section 1798.201 of the Health and Safety Code is amended to read:
- 1798.201. (a) When information comes to the attention of the medical director of the local EMS agency that an *EMT-I*, *EMT-II*, *or* EMT-P licenseholder has committed any act or omission that appears to constitute grounds for disciplinary action under this division, the medical director of the local EMS agency may evaluate the information to determine if there is reason to believe that disciplinary action may be necessary.
- (b) If the medical director sends a recommendation to the authority for further investigation or discipline of the licenseholder, the recommendation shall include all documentary evidence collected by the medical director in evaluating whether or not to make that recommendation. The recommendation and accompanying evidence shall be deemed in the nature of an investigative communication and be protected by Section 6254 of the Government Code. In deciding what level of disciplinary action is appropriate in the case, the authority shall consult with the medical director of the local EMS agency.
- SEC. 10. Section 1798.202 of the Health and Safety Code is amended to read:
- 1798.202. (a) The director of the authority or the medical director of the local EMS agency, after consultation with the relevant employer, may temporarily suspend, prior to hearing, any *EMT-I, EMT-II, or* EMT-P license upon a determination that: (1) the licensee has engaged in acts or omissions that constitute grounds for revocation of the *EMT-I, EMT-II, or* EMT-P license; and (2) permitting the licensee to continue to engage in the licensed

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activity, or permitting the licensee to continue in the licensed activity without restriction, would present an imminent threat to the public health or safety. When the suspension is initiated by the local EMS agency, subdivision (b) shall apply. When the suspension is initiated by the director of the authority, subdivision (c) shall apply.

- (b) The local EMS agency shall notify the licensee that his or her EMT-I, EMT-II, or EMT-P license is suspended and shall identify the reasons therefor. Within three working days of the initiation of the suspension by the local EMS agency, the agency shall transmit to the authority, via facsimile transmission or overnight mail, all documentary evidence collected by the local EMS agency relative to the decision to temporarily suspend. Within two working days of receipt of the local EMS agency's documentary evidence, the director of the authority shall determine the need for the licensure action. Part of that determination shall include an evaluation of the need for continuance of the suspension during the licensure action review process. If the director of the authority determines that the temporary suspension order should not continue, the authority shall immediately notify the licensee that the temporary suspension is lifted. If the director of the authority determines that the temporary suspension order should continue, the authority shall immediately notify the licensee of the decision to continue the temporary suspension and shall, within 15 calendar days of receipt of the EMS agency's documentary evidence, serve the licensee with a temporary suspension order and accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.
- (c) The director of the authority shall initiate a temporary suspension with the filing of a temporary suspension order and accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code and shall notify the director of the local EMS agency, and the relevant employer.
- (d) If the licensee files a notice of defense, the hearing shall be held within 30 days of the authority's receipt of the notice of defense. The temporary suspension order shall be deemed vacated if the authority fails to make a final determination on the merits within 15 days after the administrative law judge renders the proposed decision.

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1 SEC. 11. Section 1798.203 is added to the Health and Safety 2 Code, to read:

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1798.203. The authority shall develop and implement an alcohol and drug diversion program for EMT-I, EMT-II, and EMT-P licenseholder.

- SEC. 12. Section 1799.112 of the Health and Safety Code is amended to read:
- 1799.112. (a) EMT-I, EMT-II, and EMT-P employers shall report in writing to the local EMS agency medical director and the authority and provide all supporting documentation within 30 days of whenever any of the following actions are taken:
- (1) An EMT-I, EMT-II, or EMT-P is terminated or suspended for disciplinary cause or reason.
- (2) An EMT-I, EMT-II, or EMT-P resigns following notice of an impending investigation based upon evidence indicating disciplinary cause or reason.
- (3) An EMT-I, EMT-II, or EMT-P is removed from EMT-I, EMT-II, or paramedic duties respectively for disciplinary cause or reason following the completion of an internal investigation.
- (b) The reporting requirements of subdivision (a) do not require or authorize the release of information or records of an EMT-I, EMT-II, or EMT-P who is also a peace officer protected by Section 832.7 of the Penal Code.
- (c) For purposes of this section, "disciplinary cause or reason" means only an action that is substantially related to the qualifications, functions, and duties of a respective EMT-I, EMT-II, or paramedic and is considered evidence of a threat to the public health and safety as identified in subdivision (c) of Section 1798.200.
- (d) Pursuant to subdivision (i) of Section 1798.24 of the Civil Code, upon notification to the EMT-I, EMT-II, or paramedic, the authority may share the results of its investigation into-a an EMT-I's, EMT-II's, or paramedic's misconduct with the EMT-I's, EMT-II's, or paramedic's employer, prospective employer when requested in writing as part of a preemployment background check, and the local EMS agency.
- (e) The information reported or disclosed in this section shall be deemed in the nature of an investigative communication and is exempt from disclosure as a public record by subdivision (f) of 40 Section 6254 of the Government Code.

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(f) A-An EMT-I, EMT-II, or paramedic applicant or licensee to whom the information pertains may view the contents, as set forth in subdivision (a) of Section 1798.24 of the Civil Code, of a closed investigation file upon request during the regular business hours of the authority.

SEC. 13. This act shall become operative on January 1, 2009. SEC. 14. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because this act provides for offsetting savings to local agencies or school districts that result in no net costs to the local agencies or school districts, within the meaning of Section 17556 of the Government Code.

All matter omitted in this version of the bill appears in the bill as introduced in Senate, Feb. 14, 2007. (JR11)

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